

Community Pathways Waiver – **Revised Draft Proposal**

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL MODIFICATIONS**

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition:

- A. Environmental modifications are physical modifications to the home based on an assessment designed to support the individual's efforts to function with greater independence and/or to create a safer, healthier environment.
- B. Environmental Modifications include but are not limited to:
1. Installation of grab bars;
 2. Construction of access ramps and railings ;
 3. Installation of detectable warnings on walking surfaces;
 4. Alerting devices for individual who has a hearing or sight impairment;
 5. Adaptations to the electrical, telephone, and lighting systems;
 6. Generator to support medical and health devices that require electricity;
 7. Widening of doorways and halls;
 8. Door openers;
 9. Installation of lifts and stair glides such as overhead lift systems and vertical lifts;
 10. Bathroom modifications for accessibility and independence with self-care;
 11. Kitchens modifications for accessibility and independence;
 12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the individual;
 13. Training on use of modification; and
 14. Service and maintenance of the modification.

SERVICE REQUIREMENTS:

- A. All modifications over \$2,000 must be pre-authorized by the DDA.
- B. If the modification is estimated to cost over \$2,000 over a 12-month period, at least three bids are required (unless otherwise approved by DDA).
- C. All modifications shall be approved by the property manager or owner of the home, if not the individual, who agrees that the individual will be allowed to remain in the residence at least one year.
- D. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:
 - (1) Are of general utility;
 - (2) Are not of direct medical or remedial benefit to the individual; or
 - (3) Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the individual.
- E. Environmental modifications may be furnished to individuals who receive residential habilitation services as necessary for life safety modifications and other necessary accessibility modifications so long as they are necessary to meet the needs of individuals and are not basic housing costs. Payment is not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.
- F. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.
- G. An environmental modification may not be provided in facility based employment.
- H. Environmental modifications services provided by a family member or relative are not covered.
- I. Service will not be covered if available under the individual's private insurance, the Medicaid State Plan (including EPSDT benefits), the Rehabilitation Act, or through other resources.
- ~~J. Not covered under this service is the purchase of a generator for general household appliances, washer/dryer, security systems, etc. All medically necessary environmental modifications services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost of services must be customary, reasonable, and may not exceed a total of \$17,500 (including Vehicle Modifications) over an individual's lifespan, unless otherwise authorized by DDA.

Service Delivery Method (check each that applies)

- ☒ Participant Directed as specified in Appendix E
- ☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
<u>Individual</u>	<u>Individual – for self-directed services</u>
Agency	DDA Certified Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for self-directed services

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

1. The following minimum standards are required:

a. Licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors

2. Individuals in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs such as:

a. Be in good standing with the Department of Assessment and Taxation;

b. Be bonded as is legally required;

c. Obtain all required State and local permits;

d. Obtain final required inspections;

e. Perform all work in accordance with ADA, State and local building codes;

f. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and

g. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Service providers for verification of participant specific qualifications

Frequency of Verification:

- Fiscal Management Services - prior to service delivery and annually

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Agency must be a DDA certified Organized Health Care Delivery System Providers per COMAR 10.22.20.

Other Standard (specify):

OHCHDS must ensure the individual or entity performing the service meets the qualifications noted below and have a copy of the same available upon request:

1. Agency may contract with licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors
2. Agency shall ensure all staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection
3. In accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide)
4. All home contractors and subcontractors of services shall:
 - a. Be properly licensed or certified by the State;
 - b. Be in good standing with the Department of Assessment and Taxation to provide the service;
 - c. Be bonded as is legally required;
 - d. Obtain all required State and local permits;
 - e. Obtain final required inspections;
 - f. Perform all work in accordance with ADA, State and local building codes;

- g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and
- h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of the OHCDs certification
- Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications

Frequency of Verification:

- OHCDs annually
- Contractors and subcontractors prior to service delivery